

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16472

State File No.

4411

Registrar's No.

Registration District No.

318

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3124-A N. Prairie Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Frank Jerrold

3. (b) If veteran,  
name war.....

3. (c) Social Security  
No.....

4. Sex Male

5. Color or  
race White

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if  
alive 38 years

7. Birth date of deceased Feb.

(Month)

9

(Day)

1905

(Year)

8. AGE:

Years

Months

Days

If less than one day

39

3

2

hr.

min.

9. Birthplace Farmington Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation Cement Finisher

11. Industry or business Retired

12. Name Walter E. Jerrold

13. Birthplace Mo.

(City, town, or county)

(State or foreign country)

14. Maiden name Myrtle Alexander

15. Birthplace Mo.

(City, town, or county)

(State or foreign country)

16. (a) Informant Audrey L. Jerrold

(b) Address 3124-A Prairie Ave.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 5-15-44

(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) MAY 12 1944

(Date received local registrar)

(b) J. F. Berman

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3124A N. Prairie Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11  
year 1944 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from  
Jan 5, 1944, to May 11, 1944  
that I last saw him alive on 5/11, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma Stomach  
+ intestines

Duration

1 yr.

Due to.....

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Jos. P. Berman (M.D. or other)  
Address 1225 No. Grand Date signed 5/12/44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1228M. Burial  
1-230

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Albert A. Thompson Jr.*

Licensed Embalmer No.

4237

P. O. Address

*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.